



EDUCATION WELFARE SERVICE

APPLICATION FORM FOR FREE SCHOOL MEALS

NOTE: Free School Meals can only be given to School pupils whose parents, or they themselves are in receipt of Income Support or Income-based Jobseeker’s Allowance, or J.S.A., Incapacity Benefit, Disability Allowance with Child Tax Credit.

Are you in receipt of any of these benefits? Yes No

National Insurance Number:
 (If you do not enter your National Insurance Number we will be unable to process these forms).

DETAILS OF APPLICANT

Mr/Mrs/Miss/Ms Surname First Name

Address Date Of Birth

..... Tel:

NAME OF CHILD	M/F	DATE OF BIRTH	NAME OF SCHOOL

Please set out above the details of each child of school age living with you. Please indicate whether child is male or female.

DECLARATION-TO BE SIGN BY APPLICANT IN RECEIPT OF THE ABOVE BENEFITS

I certify that the information given is correct. I undertake to notify the Council immediately of any change in my circumstances.

SIGNED: **DATE:**

YOU MUST SIGN THIS DECLARATION AND THE DECLARATION ON THE ATTACHED FORM

Please return these forms to the address below.

Learning & Development Directorate, Education Welfare Service, Holne Chase Centre,
 Buckingham Road, Bletchley, MILTON KEYNES, MK3 5HP
 Tel: (01908) 657800 Fax: (01908) 373337 Hays DX 31406 Milton Keynes
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